


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 JUN 16 AM 9:27 SECRETARY OF STATE TALLAHASSEE FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M97000000555		1a. Principal Place of Business Address Lend Lease Real Estate Investments, Inc. C/O ERE-YARMOUTH 3424 PEACHTREE ROAD, N.E., S ATLANTA GA 30326	
SARASOTA PRIME HOTELS, LC C/O ERE-YARMOUTH Lend Lease Real Estate Inv. 3424 PEACHTREE ROAD, N.E., SUITE 800 ATLANTA GA 30326					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/28/1997	
City & State		City & State		3a. State of Formation	
Zip		Zip		GA	
Country		Country		4. FEI Number	
				58-2337018	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				04/10/1998	
				6. Certificate of Status Desired	
				\$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				Suite, Apt. #, etc.	
				City	
				100002908271--S -06/17/99--01103--002 ****188.75 ****188.75 FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-registering)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	WEBER, RICHARD	3424 PEACHTREE ROAD, N.E.,		ATLANTA GA	
Mgr.	Vincent L. Crowell	3424 Peachtree Rd., NE		Atlanta, GA 30326	
Mgr.	Thomas A. McKean	"		"	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE		Thomas A. McKean		04/05/99 404-848-8600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Duration - Phone #	